



Jones County Building Inspections

418 Highway 58 North,

Trenton, NC 28585

Phone: (252) 448-1221

Fax: (252) 448-1072

www.jonescountync.gov

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE

N.C.G.S. 87-14

The undersigned applicant for Building Permit# _____, being the
_____ Contractor _____ Owner _____ Officer/Agent of the contractor/owner

Do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s)
performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained worker's
compensation insurance to cover them

_____ has/have one or more subcontractor(s) and have obtained worker's compensation
insurance covering them

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's
compensation covering themselves

_____ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought. It is understood that the
inspections department issuing the permit may require certificates of coverage of worker's
compensation insurance prior to issuance of the permit and at any time during the permitted
work from any person, firm or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____